USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

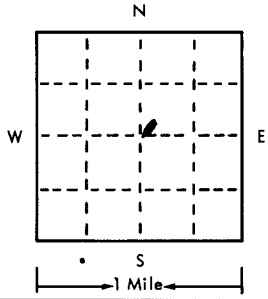
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well: 54	County	Township name	Fraction	Section number	Town number	Range number
	Sedgwick		SW/SW/NE	7	28	1W

Distance and direction from nearest town or city: US 54 Highway & Maize Road
Street address of well location if in city: 2½ S - ½ West

3 Owner of well: W-30 Drilling Co.
Address: 300 North Main Wichita, Ks.

Locate with "X" in section below: Sketch map:



4 Well depth: 75 ft. Date of completion 4-29-75
Well diameter 7⅞ in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☒ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material PVC Height: (above) below
Threaded ☐ Welded ☒ Surface 18 in.
Diam. Weight 160 lbs./ft.
4 in. to 55 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top soil	0	2
Brown clay	2	12
Gray clay	12	26
Fine sand + clay	26	30
Sand + gravel	30	46
Yellow Brown sticky clay	46	60
Blue shale	60	75
(use a second sheet if needed)		

8 Screen:
Manufacturer K & B
Type PVC Dia. 4
(Slot)/gauze 1/16 Length 20
Set between 55 ft. and 75 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size ¾-⅜-1/16 range of material #3

9 Static water level:
30 ft. below land surface Date 4-29-75

10 Pumping level below land surfaces: N A
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☐ Yes ☒ No
☐ Neat cement ☐ Bentonite ☐ _____
Depth: From ___ ft. to ___ ft.

14 Nearest source of possible contamination:
ft. 750' Direction NE Type Oil well
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name _____
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation
Pulled + purged

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

17 Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Rosencrantz - Bemis 134
Business name License No.
Address Great Bend Ks
Signed Freda Dodson Date 5-30-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H

28 1W 7 SWSWNE